


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90040 024 ***138.75

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|---|---|--|--|---|--|
| DOCUMENT # L07000011640 | | | |  | |
| 1. Entity Name BRIGGS CORE SOLUTIONS, LLC | | | | | |
| Principal Place of Business 1368 COUNTRYWIND DR APOPKA, FL 32703 US | | | Mailing Address 1368 COUNTRYWIND DR APOPKA, FL 32703 US | | |
| 2. Principal Place of Business - No P.O. Box # 934 W. HARVARD ST. Suite, Apt. #, etc. | | 3. Mailing Address 934 W. HARVARD ST. Suite, Apt. #, etc. | | | |
| City & State Orlando FL Zip 32804 Country US | | City & State Orlando, FL Zip 32804 Country US | | 4. FEI Number 20-8462492 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent WEALING, SCOTT W 1368 COUNTRYWIND DR APOPKA, FL 32703 | | | 7. Name and Address of New Registered Agent Name <u>Scott Wealing</u> Street Address (P.O. Box Number is Not Acceptable) <u>934 W. HARVARD ST.</u> City <u>Orlando</u> FL Zip Code <u>32804</u> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10 Jan 08</u> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEALING, SCOTT W 1368 COUNTRYWIND DR APOPKA, FL 32703 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Scott Wealing W 934 W. HARVARD ST Orlando, FL 32804 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 10 Jan 08 407-919-8215 Date Daytime Phone | | |